

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212537426					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: DEVELOPMENT CORPORATION FOR ISRAEL</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA 23219</p> </div> <div style="width: 35%;"> <p>DUE DATE: 11/30/2012</p> <p>SCC ID NO: F1233560</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>200</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	200	
CLASS	AUTHORIZED						
COMMON	200						
<p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p>							
<p>4.) STATE OR COUNTRY OF INCORPORATION: NY</p>							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 575 LEXINGTON AVE.</p> <p style="margin-left: 40px;">CITY/ST/ZIP: NY, NY 10022</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JORDAN A HORVATH TITLE: VP LEGAL/GC/AS ADDRESS: 575 LEXINGTON AVENUE 11TH FLOOR CITY/ST/ZIP/CO: NY, NY 10022 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: JORDAN A HORVATH TITLE: VP LEGAL/GC/AS ADDRESS: 575 LEXINGTON AVENUE 11TH FLOOR CITY/ST/ZIP/CO: NY, NY 10022	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ANDREW HUTTER TITLE: PRESIDENT ADDRESS: CENTER FOR ORTHOPEDICS 1500 PLEASANT VALLEY WAY CITY/ST/ZIP/CO: WEST ORANGE, NJ 07052 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: ANDREW HUTTER TITLE: PRESIDENT ADDRESS: CENTER FOR ORTHOPEDICS 1500 PLEASANT VALLEY WAY CITY/ST/ZIP/CO: WEST ORANGE, NJ 07052	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ANDREW HUTTER TITLE: PRESIDENT ADDRESS: CENTER FOR ORTHOPEDICS 1500 PLEASANT VALLEY WAY CITY/ST/ZIP/CO: WEST ORANGE, NJ 07052	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME:	ISRAEL TAPOOHI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	575 LEXINGTON AVENUE		
CITY/ST/ZIP/CO:	11TH FLOOR NEW YORK, NY 10022		
NAME:	STUART GARAWITZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	575 LEXINGTON AVENUE		
CITY/ST/ZIP/CO:	11TH FLOOR NEW YORK, NY 10022		
NAME:	DAVID HALPERN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	8 STONEHENGE TERRACE		
CITY/ST/ZIP/CO:	LIVINGSTON, NJ 07039		
NAME:	SUSAN WEIKERS-BALABAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	114 ANTON ROAD		
CITY/ST/ZIP/CO:	WYNNEWOOD, PA 19096		
NAME:	JOHN BAKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BAKER & BAKER REAL ESTATE		
CITY/ST/ZIP/CO:	1400 PICKENS STREET - 5TH FLOOR COLUMBIA, SC 29201		
NAME:	ALBERT BASAL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12 CEDAR DRIVE		
CITY/ST/ZIP/CO:	GREAT NECK, NY 11021		
NAME:	ROBERT DIENER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8 INDIAN CREEK ISRAEL ROAD		
CITY/ST/ZIP/CO:	INDIAN CREEK VILLAGE, FL 33154		
NAME:	WILLIAM FOX	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13 HAMBLETON COURT		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21136		
NAME:	HOWARD GOLDSTEIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11421 SW 72ND COURT		
CITY/ST/ZIP/CO:	MIAMI, FL 33156		
NAME:	ROBERTA GOLDSTEIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	276 HAMPSHIRE RIDGE		
CITY/ST/ZIP/CO:	PARK RIDGE, NJ 07656		
NAME:	MARTIN GOLDSTEIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	276 HAMPSHIRE RIDGE		
CITY/ST/ZIP/CO:	PARK RIDGE, NJ 07656		

NAME:	LAWRENCE GOODMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	AMERICAN ASSET MANAGEMENT 4711 WEST GOLF ROAD, SUITE 1000		
CITY/ST/ZIP/CO:	SKOKIE, IL 60076		
NAME:	ADRIAN GRANT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5510 SHIVER SUMMIT NE		
CITY/ST/ZIP/CO:	ATLANTA, GA 30342-1429		
NAME:	ALEX HALBERSTEIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	20185 EAST COUNTRY CLUB DRIVE #2501		
CITY/ST/ZIP/CO:	AVENTURA, FL 33180		
NAME:	KIM HAROUNIAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	181 EAST 65TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10021		
NAME:	BURTON HERBSTMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	NORTHWEST HEART SPECIALIST 1632 WEST CENTRAL AVENUE		
CITY/ST/ZIP/CO:	ARLINGTON HEIGHTS, IL 60005		
NAME:	HELENE HERBSTMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	600 PORTWINE ROAD		
CITY/ST/ZIP/CO:	RIVERWOODS, IL 60015-3736		
NAME:	IRWIN HOCHBERG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BLOOM HOCHBERG & CO. 450 7TH AVENUE, SUITE 4100		
CITY/ST/ZIP/CO:	NEW YORK, NY 10123		
NAME:	MARLENE KAPLAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	33 SHERIDAN ROAD		
CITY/ST/ZIP/CO:	HIGHLAND PARK, IL 60035		
NAME:	ROBERT KEATS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4800 HAMPTON LANE		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814		
NAME:	RONALD KRONGOLD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 140747		
CITY/ST/ZIP/CO:	MIAMI, FL 33114		

NAME:	MICHAEL LAZAR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	21438 LINWOOD COURT		
CITY/ST/ZIP/CO:	BOCA RATON, FL 33433		
NAME:	SHIRA LEWIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9 WAVERLY COURT		
CITY/ST/ZIP/CO:	NEW CITY, NY 10956-2218		
NAME:	NED NASHBAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6003 N.W. 23RD WAY		
CITY/ST/ZIP/CO:	BOCA RATON, FL 33496		
NAME:	ALNA PINES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	16 MOUNTAIN RIDGE DRIVE		
CITY/ST/ZIP/CO:	LIVINGSTON, NJ 07039-3407		
NAME:	BURTON RESNICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	JACK RESNICK & SONS, INC.		
CITY/ST/ZIP/CO:	110 EAST 59TH STREET, 37TH FLOOR NEW YORK, NY 10023		
NAME:	CRAIG SCHEFF	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ORANGETOWN JEWISH CENTER		
CITY/ST/ZIP/CO:	8 INDEPENDENCE AVENUE ORANGETOWN, NY 10962-2405		
NAME:	GLENN SEGAL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1131JEFFERSON LANE		
CITY/ST/ZIP/CO:	HUNTINGTON VALLEY, PA 19006		
NAME:	GIDEON SITERMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6 BIRANIT STREET		
CITY/ST/ZIP/CO:	KOCHAVE YAIR, 46864, IL		
NAME:	KENT SWIG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	SWIG EQUITIES, LLC		
CITY/ST/ZIP/CO:	770 LEXINGTON AVENUE NEW YORK, NY 10065		
NAME:	BRAD TAUB	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	TAUB PROPERTIES, INC.		
CITY/ST/ZIP/CO:	2905 BAYSHORE BLVD. TAMPA, FL 33629		

NAME:	FRED S ZEIDMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2104 CHILTON ROAD		
CITY/ST/ZIP/CO:	HOUSTON, TX 77091		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JORDAN A HORVATH	JORDAN A HORVATH, VP	9/28/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LEGAL/GC/AS	DATE	
	PRINTED NAME AND CORPORATE TITLE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			